FORM ACJ-135A

INMATE'S REQUEST TO STAFF MEMBER

ALLEGHENY COUNTY PRISON

950 SECOND AVENUE PITTSBURGH, PA 15219

Complete Items Number 1-6. If you follow instructions in preparing your request,

it can be disposed of more promptly and intelligently. Replaces JBC 135 which may be used. (NAME AND TITLE OF OFFICER) 1. TO: 3. BY: 4. WORK ASSIGNMENT 2. DATE TION: (DO NOT WRITE IN THIS SPACE) was out